

**COCONINO COUNTY ADULT PROBATION
PAST EMPLOYER BACKGROUND INQUIRY**

<hr/> Name of Reference	<hr/> Agency/Company
<hr/> Title	<hr/> Relationship
<hr/> Phone	<hr/> Name of Applicant
<hr/> Years Acquainted	

The above applicant has submitted an application for a position with the Coconino County Adult Probation department and is required to submit to a background investigation before being employed by this Department. He/she listed your organization on their job application. Please complete the section below and return within five (5) days. FAX to Jim Buzard at (928) 773-8705.

Position Applying for

Please refer to the attached position description as the context for your responses.

Based on this description, does the candidate have the necessary characteristics to successfully carry out these duties? Yes _____ No _____

If NO, please indicate why.

Please rate the applicant on the following areas and complete comment section.

	<u>Exceeds</u>	<u>High Above Standard</u>	<u>Minimum Performance</u>	<u>Below Standard Performance</u>
Work Performance				
Job knowledge, productivity	_____	_____	_____	_____
Comments:	<hr/> <hr/> <hr/>			
Mission and Service-Oriented				
Comments:	<hr/> <hr/>			

	<u>Exceeds</u>	<u>High Above Standard</u>	<u>Minimum Performance</u>	<u>Below Standard Performance</u>
Integrity/Character Comments: _____ _____	_____	_____	_____	_____
Interpersonal Skills (Peers, clients, supervisors, culturally diverse groups) Comments: _____ _____	_____	_____	_____	_____
Community Involvement and/or Knowledge of Comments: _____ _____	_____	_____	_____	_____
Responsibility (Reliability, act without guidance, answerable for one's behavior) Comments: _____ _____	_____	_____	_____	_____
Planning & Organizational Skills Comments: _____ _____	_____	_____	_____	_____
Adherence to Policy and Procedures Comments: _____ _____	_____	_____	_____	_____
Work Attendance (lack of absenteeism) Comments: _____ _____	_____	_____	_____	_____
Strongest attributes: _____ _____				
Growth Areas: _____ _____				
Do you know of any incidents/disciplinary actions? Yes _____ No _____				
If yes, please explain: _____				
Are you aware of any concerns/charges/incidents of sexual misconduct? Yes _____ No _____				
If yes, please explain: _____				
Eligible for rehire with your company/agency? Yes _____ No _____ N/A _____				
Additional comments that would support the Department hiring this applicant: _____ _____				
Signature of Rater _____			Date _____	